

# FAMILY SEPARATION ALLOWANCE

1. NAME (LAST, FIRST, MIDDLE INITIAL)		2. SSN	
3. STREET ADDRESS OF DEPENDENT	4. CITY	5. STATE	6. ZIP CODE

## MEMBER'S CERTIFICATION

7. IF CLAIMING FSA TYPE II FOR PARENTS, I CERTIFY THAT I CONTROL, SUPERVISE, AND MAINTAIN A RESIDENCE AT THE ADDRESS SHOWN ABOVE FOR MUTUAL USE WHEN CIRCUMSTANCES PERMIT. I AGREE TO NOTIFY MY COMMANDING OFFICER PROMPTLY OF ANY CHANGE IN DEPENDENCY STATUS, IF MY SOLE DEPENDENT MOVES TO THE AREA OF THIS STATION FOR MORE THAN THREE MONTHS (30 DAYS IN THE CASE OF FSA-SHIP OR FSA-TEMPORARY) WHILE I AM IN RECEIPT OF FAMILY SEPARATION ALLOWANCE.

I CERTIFY TO THE FOLLOWING FACTS (AS APPLICABLE):

- ☐ I AM NOT DIVORCED OR LEGALLY SEPARATED FROM MY SPOUSE.
- ☐ MY DEPENDENT CHILD (CHILDREN) IS (ARE) NOT IN LEGAL CUSTODY OF ANOTHER PERSON.
- ☐ MY DEPENDENT IS NOT A MEMBER OF THE MILITARY SERVICE ON ACTIVE DUTY.
- ☐ MY SOLE DEPENDENT IS NOT IN AN INSTITUTION FOR A KNOWN PERIOD OF OVER ONE YEAR OR AN INDEFINITE PERIOD WHICH MAY BE EXPECTED TO EXCEED ONE YEAR.

8. SIGNATURE OF MEMBER	9. DATE
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<b>TYPE I</b>	10.	<b>TO BE COMPLETED BY THE PERSONNEL / ADMINISTRATIVE OFFICE (CHECK APPLICABLE BLOCKS):</b>																														
	<p>The above member reported to: _____ on: (Date) _____ and transportation of his dependents is NOT authorized at government expense to this station, or place near this station; or <input type="checkbox"/> member electing an unaccompanied tour became entitled to this allowance. No Government quarters are AVAILABLE <input type="checkbox"/> (a nonavailability statement should be presented as proof) for assignment to the member.</p>																															
<b>TYPE II</b>	11.	<input type="checkbox"/> FSA - RESTRICTED	<p>The member was detached from (DUTY STATION) _____, or <input type="checkbox"/> otherwise (see remarks) became entitled on: (Date) _____ and was on leave route from: _____ to: _____ and he reported to: (DUTY STATION) _____ on: (Date) _____ Transportation to his dependents is NOT authorized at government expense to, or near, THIS STATION.</p>																													
	12.	<input type="checkbox"/> FSA - SHIP	<p>A. <input type="checkbox"/> Member was on duty on board ship upon departure from home port on: (Date) _____ B. <input type="checkbox"/> Member did not depart with the ship, but reported on board (or rejoined) the ship at _____ on: (Date) _____ C. <input type="checkbox"/> Member on duty aboard ship has become entitled to FSA-SHIP as explained under "REMARKS."</p>																													
	13.	<input type="checkbox"/> FSA - TEMPORARY	<p>The above member (or members on attached list) has (have) performed temporary duty at the location(s) shown below for a continuous period of 30 days, or <input type="checkbox"/> (see remarks) became entitled while on temporary duty. Delay enroute and excess travel time were excluded from FSA-TEMPORARY computation.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 30%;">LOCATIONS</th> <th colspan="2" style="width: 40%;">INCLUSIVE DATES</th> <th rowspan="2" style="width: 30%;">NUMBER OF DAYS</th> </tr> <tr> <th style="width: 15%;">FROM</th> <th style="width: 25%;">TO</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					LOCATIONS	INCLUSIVE DATES		NUMBER OF DAYS	FROM	TO																			
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NOTE: Continue on reverse if necessary.																																
14. START	15. STOP	16. RESTR	17. SHIP	18. TEMPORARY	19. FORMAL	20. FROM: DATE (YRMONDA)	21. TO: DATE (YRMONDA)																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

**COMMAND CERTIFICATION**

20. TRAVEL PERFORMED UNDER AUTHORITY OF: \_\_\_\_\_ DATED: \_\_\_\_\_

21. ☐ THE MEMBER'S DEPENDENTS ARE NOT IN A DOUBTFUL STATUS AWAITING DEPENDENCY DETERMINATION.

22. SIGNATURE OF COMMANDING OFFICER

23. DATE

24. REMARKS: (Explain reason for stop or start if not shown.)

